

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	101563736					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
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5	/						55						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		↓		↓		TOTAL IND.		↓		↓		
TOTAL DEP.	/	←	←	←	←		TOTAL DEP.	←	←	←	←		
TOTAL CLAIMS	9						TOTAL CLAIMS						